

# YOUTH FUTSAL REGISTRATION

Player's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone \_\_\_\_\_

School: \_\_\_\_\_ Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Yr \_\_\_\_\_

Soccer Experience (in years): \_\_\_\_\_ Recreation League: Current Grade (circle one), Pre K-K 1-2 3-4 5-6

Team League: Current Grade (circle one) 1-2 3-4 5-6

\_\_\_ Yth 6/8 \_\_\_ Yth 10/12 \_\_\_ Yth 14/16 \_\_\_ Ad Sm \_\_\_ Ad Med \_\_\_ Ad Lg \_\_\_ Ad XL \_\_\_ Ad 2X

(We/I) the undersigned (parent/parents) of \_\_\_\_\_ do hereby consent that the above named minor may participate in the Farmington Community Civic Center Youth Futsal League. It is agreed that said League, its sponsors, officials or City assume no legal liability for injuries and the undersigned shall hold the City harmless from any actions brought against the City as a result of participation.

(Please sign and print name)

PARENT SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_

**Registration Deadline: Sunday, December 31, 2010 or when league is full**